

APPLICATION FOR CAP RADIO OPERATORS PERMIT (CAPF 76)			FOR WING USE ONLY: CAPF 76 _____ DATE ISSUED: _____
NAME OF UNIT:		CHARTER NO:	DATE:
NAME OF APPLICANT (LAST, FIRST, MIDDLE):		RANK:	CAPSN:
ADDRESS OF APPLICANT (STREET / PO BOX, CITY, STATE, ZIP CODE):			
DATE JOINED CAP:	DATE OF LEVEL I:	DATE OF CAPF 119:	SCORE OF CAPF 119:
APPLICANT'S SIGNATURE:		UNIT COMMANDER'S SIGNATURE:	DATE:
NOTES: 1. PREPARE IN DUPLICATE (2 COPIES). 2. SUBMIT ONE (1) COPY TO HQ SC WG/DC. 3. ATTACH PHOTOCOPY OF FCC RESTRICTED RADIOTELEPHONE PERMIT (OR HIGHER).			